

practically symptomless unless situated at the orifices or unless multiple. Common complications are recurring hemorrhage and pyloric obstruction. Palpable mass and food retention are less frequent than in gastric cancer.

Essential Hematuria.—LEVY (*Surg. Gynec. and Obstet.*, 1922, 34, 22) says that the diagnosis of essential hematuria should be made only when all known urological methods have been employed with negative findings for it is purely a clinical diagnosis indicating renal bleeding of unknown etiology. In 36 per cent of the cases, the onset of the hematuria occurred in the fourth decade of life. The bleeding developed spontaneously in most cases and was symptomless. The right kidney was responsible for the bleeding in 17 cases and the left in 13. In no case were both kidneys involved. The results of operative procedures have not been better than those of non-operative methods. In the author's series, there were recurrences after decapsulation and two nephrotomies. Nephrectomy is the only operation ever indicated and that only as an emergency measure to save a patient from bleeding to death. Non-operative methods have been used with success, including intrapelvic injection of silver nitrate and adrenalin, the oral administration of calcium lactate and the subcutaneous or intramuscular injection of horse serum. Spontaneous cessation of the bleeding occurs frequently in essential hematuria.

Results in One Hundred Cases of Cancer of Prostate and Seminal Vesicles, Treated with Radium.—DEMING (*Surg. Gynec. and Obstet.*, 1922, 34, 99) says that a combination of radium and surgery offers a possibility for treatment of cancer of the prostate and seminal vesicles. While operation does not diminish the amount of radium necessary to produce good results it does not increase the possibility of hastening metastases. Radium gave symptomatic relief and return of normal urination in 75 per cent of the cases. Moreover, radium relieved the pain in the back in 50 per cent of cases suffering from metastases. Irritation from radium can be avoided by treating widely remote areas in successive treatments and by alternating between rectal, urethral and vesical applications. At least 3000 milligram hours must be given to produce symptomatic and local results in the same patient. Cases which did not respond to radium did not receive sufficient radiation. Large doses must be given in as short a period as possible to produce maximum results. Combined extraglandular and intraglandular radiations apparently give the most satisfactory results.

Synovial Membrane Tumors of Joints.—HARTMAN (*Surg. Gynec. and Obstet.*, 1922, 34, 161) says that the occurrence of this type of tumor in joints and especially in the knee-joint raises at once the problem of saving the limb and the function of the joint. Their development is slow as a rule and ample warning is always given in the form of pain, swelling and interference with function. They are readily removed if attacked in the early pedunculated stage without danger of local recurrence or remote metastases. For classification, it seems best to place them with the benign tumors of connective tissue origin since the giant cells are of the foreign body type and no mitosis is seen. There is however a

potential malignancy. Palliative measures and incomplete excision are contraindicated and are perhaps responsible for the malignant characteristics developed in these cases. These neoplasms should not be termed sarcoma at least until evidences of malignancy are seen either clinically or pathologically. Since any one of the characteristic cells, namely xanthoma or foam cells, pigmented cells and giant cells, may be absent from an otherwise typical case the writer prefers the name of myeloid tumor.

Carcinoma of Prostate.—BARRINGER (*Surg. Gynec. and Obstet.*, 1922, 34, 175) says that in but 2 per cent of cases of carcinoma of the prostate seen at the Memorial Hospital, is the carcinoma confined to the prostate. Routine prostatic examination of all patients beyond the age of fifty, irrespective of symptoms is the only rational method whereby we may hope to make a diagnosis of prostatic carcinoma early in the disease. The results of radium treatment of carcinoma of the prostate are superior to operative removal both in causing regression of the disease and in coping with urinary retention.

Thyrotoxicosis.—BLACKFORD (*Surg. Gynec. and Obstet.*, 1922, 34, 185) says that there are two points to be emphasized, importance of early diagnosis in order to obtain a cure by surgical removal of a toxic goiter before permanent damage is done the patient. The mortality from removal of non-toxic or mildly toxic cases is almost zero in competent hands. Second, a badly damaged heart from goiter intoxication does not contraindicate surgery. Practically speaking, the cardiac reserve of the patient can be improved by treatment until good enough to withstand operation. The bulk of surgical mortality occurs in badly toxic cases, not in the extreme cardiopathies.

Histology and Mortality in Cases of Tumor of the Bladder.—SCHOLL (*Surg. Gynec. and Obstet.*, 1922, 34, 189) says that 41 per cent of all patients operated on for malignant papillomata are alive on an average of three years after operation while only 11 per cent of patients with solid carcinoma have lived more than three years after operation. The incidence of recurrence following operation on patients for solid carcinoma is much greater than that for malignant papillomata. Squamous-cell carcinomata of the bladder are extremely malignant and rapidly fatal while adenocarcinomata are about as severely malignant as papillomata. Simple angiomata of the bladder may grow so large as to cause obstruction. Myomata of bladder often grow very large. Myxomata occur generally in young persons. Sarcoma is probably the rarest and most malignant of vesical tumors. It occurs in middle-aged persons, metastasizing extensively with tendency to rapid recurrence.

Duodenal Ulcer in Infancy.—PATERSON (*Lancet*, January 14, 1922, p. 63) says that duodenal ulcer is a rare condition in infants but more careful examination of the duodenum in marasmic infants may show it to be more common than is at present admitted. Ulcers may be present in melena neonatorum. In older infants, they may follow on any gastro-intestinal upset. They may certainly complicate extensive septic burns or septicemia. Tuberculosis is the common cause of

duodenal ulcers in older children. The diagnosis of duodenal ulcer is difficult and usually not made. Duodenal ulcer may be successfully treated by operation.

Ulcer of Lesser Curvature of Stomach.—FABER (*Lancet*, January 14, 1922, p. 65) says that gastric ulcer in the corpus of the stomach (on the lesser curvature) is commoner in women than in men. Juxtapyloric ulcer is more frequent in men than in women. Gastric ulcers are chiefly ulcers of the corpus in women, and juxtapyloric ulcers in men. Statistics of postmortem examinations show that gastric ulcer is commoner in women than in men. Ulcer of the corpus may therefore be assumed to be the more frequent variety. On account of their symptoms and course, juxtapyloric ulcers make easier subjects for surgical treatment than ulcers of the corpus. For this reason, statistics of operative material so often show a preponderance of men. Ulcer of the corpus, which might be called the women's ulcer, has a more favorable course than the juxtapyloric. It heals more readily and the raw ulcer found postmortem has more often than the juxtapyloric, the character of a fresh acute ulcer. Ulcer of the corpus often lacks the symptom-complex so characteristic of the juxtapyloric ulcer, especially the late pains and the hypersecretion. This obtains in the case of recent and chronic ulcer of the corpus. We may presume that a large number of ulcers of the corpus as a rule in women make their appearance and get well again without the diagnosis "gastric ulcer" being made.

Neurofibromyxoma Treated by Conservative Operation.—GATCH and RITCHEY (*Ann. Surg.*, 1922, 75, 181) say that various authors believe that benign fibrous or fibromyxomatous tumors of nerve sheaths may undergo malignant degeneration into sarcoma. If the tumor is of long duration, it is not likely to be malignant. The presence or absence of motor or sensory paralysis is a most valuable point. A nerve will withstand a really remarkable amount of stretching or pulling from a benign growth but is quickly destroyed by the infiltration of its substance by a sarcoma. The gross appearance is significant. The encapsulation of the fibrous portion of the tumor and the possibility of shelling the same from the center of a nerve trunk would seem to be strong evidence of a benign growth, as is the lack of encapsulation with fixation of the growth to the contiguous structures strong evidence for sarcoma. The authors feel that microscopical study to the exclusion of other factors is misleading.

Ruptured Spleen.—METCALFE and FLETCHER (*Ann. Surg.*, 1922, 75, 186) say that the healthy spleen may rupture spontaneously or from comparatively slight trauma. The symptoms at first may be slight; some dizziness, nausea or vomiting with restlessness and indefinite abdominal pains or the immediate symptoms may be severe intra-abdominal hemorrhage depending upon this contingency whether the capsule of the spleen has ruptured or remained intact, forming a large subcapsular hematoma. In the authors' cases an agonizing pain was felt in the left shoulder. They feel that it is of value in diagnosis with evidence of hemorrhage. They advocate immediate splenectomy as the only safe treatment.

PEDIATRICS

UNDER THE CHARGE OF

THOMPSON S. WESTCOTT, M.D., AND ALVIN E. SIEGEL, M.D.,
OF PHILADELPHIA.

Studies of Infant Feeding—A Bacteriological Study of the Feces and the Food of Normal Babies Receiving Breast Milk.—BROWN and BOWORTH (*Am. Jour. Dis. Children*, 1922, 23, 243) found that direct smears from the stools of normal breast-fed babies present a practically constant picture, which is characterized by an almost complete dominance of the bifidus group. In this picture cocci and Gram-negative organisms are indistinguishable or are present in very small numbers. This proportion of bacterial types may be changed by abnormal physiologic conditions. A baby who has been on cow's milk formula for several days, although originally breast-fed, may show bacteriologically the effects of this diet even as long as four weeks after the continuous ingestion of breast milk. This is indicated from the smears from the feces by a larger number of cocci and Gram-negative bacilli than is typically found as characteristic of a normal breast-milk stool. If a cow's milk formula is used before the third day after birth, and breast milk is used thereafter, the establishment of fecal types of bacteria follows the course of the normal nursling very closely. From the study of anaërobic cultures it was found that *B. bifidus* is also the dominant living type of organism in the feces of normal breast-fed infants. The proportion of types represented in the direct smears is closely paralleled by the proportion of types growing on anaërobic cultures. Aërobic cultures from the feces of normal nurslings typically showed a predominance of colon-aërogenes groups. This may be lessened by abnormal physiologic conditions. While the study of the fecal flora of infants by anaërobic culture seems to be of great importance, aërobic cultures should also be used as a check to determine the presence of aërobic pathogenic bacteria or of adventitious bacteria. The results obtained from the study of drawn breast milk used for supplementary bottle feedings were inclusive, since no definite relationship could be established between the types of fecal bacteria and the bacteria isolated from the milk. This was made more difficult because the babies had not had a monotonous diet which could be used as a check and because the majority of the organisms isolated from the milk were staphylococci and *B. coli*, which may be isolated from the normal stool. This study emphasized the fact that even a slight amount of handling may introduce types of bacteria into the feedings of a bottle-fed baby which a breast-fed infant would not ordinarily ingest. The study of the stools of normal breast-fed babies has shown that a typical monotonous flora in the feces follows the continuous ingestion of breast milk. From the examination of the breast milk it would seem that staphylococci may be ingested in all cases and that a lactic acid bacillus typical of *B. bifidus* may be frequently present in the milk as it comes from the breast. An important